

IPDR6702		NORTH CAROLINA					PAGE: 1			
RUN DATE: 07/01/2007		IPRS CHECKWRITE SUMMARY REPORT								
		CHECKWRITE DATE: 07/03/2007								
		FINANCIAL PAYER: NCDCMH								

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	305	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	138	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	609	9812	9203
		8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	21	2052	DUPLICATE OF CLAIM-SYSTEM				
		11	116	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2286	11262	8976
		8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	5312	3179	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		11	250	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	3687	8030	4343
		191	41	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404922	THE DURHAM CENT ER	21	10922	DUPLICATE OF CLAIM-SYSTEM				
		11	144	CLIENT NOT ELIGIBLE ON SERVICE DATE	29	11280	23274	11994
		8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	308	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	66	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	454	2727	2273
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE R FOR MH/DD	21	1367	DUPLICATE OF CLAIM-SYSTEM				
		8505	1166	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	21	3153	10233	7080
		8599	202	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	6541	DUPLICATE OF CLAIM-SYSTEM				
		8536	340	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	5	8354	13769	5415
		8599	260	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8599	98	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	154	3380	3226
		21	10	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	9	SERVICE REQUIRES PRIOR APPROVA L	0	72	1912	1840
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404931	WAKE CO HUM SVC BILLING OF	21	168	DUPLICATE OF CLAIM-SYSTEM				
		11	134	CLIENT NOT ELIGIBLE ON SERVICE DATE	44	574	11996	11422
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	322	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	39	DUPLICATE OF CLAIM-SYSTEM	0	382	2311	1929
		5404	14	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404934	ONSLow CARTERET BEHAV HEAL	11	251	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		4102	237	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO	1	972	3460	2488
		8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	23	652	SERVICE REQUIRES PRIOR APPROVA L				
		21	21	DUPLICATE OF CLAIM-SYSTEM	0	695	2069	1374
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	EAST CAROLINA B EHAVIORAL H	23	868	SERVICE REQUIRES PRIOR APPROVA L				
		11	22	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	894	1065	171
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	23	2258	SERVICE REQUIRES PRIOR APPROVAL				
		11	383	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	2834	4267	1433
		191	83	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404944	EASTPOINTE HUMAN SERVICES	8621	54	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	50	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	164	2500	2336
		40	50	DATE OF SERVICE MISSING OR INVALID. VERIFY AND ENTER CORRECT DOS AND SUBMIT				
3404946	FOOTHILLS AREA MENTAL HEALTH	11	207	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8535	1	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	209	6078	5869
		4102	1	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FOUND				